

*Keep this addendum as a reference throughout
the year along with the*

It's Your Choice book, ET-2128.

Deductible HMO - Deductible Standard PPP

CONTENTS:

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2006



WISCONSIN PUBLIC EMPLOYERS' GROUP HEALTH INSURANCE

(FOR PARTICIPATING LOCAL GOVERNMENT EMPLOYEES AND ANNUITANTS)

ET-2159 (REV 09/2005)

**2006 MONTHLY LOCAL EMPLOYEE RATES:
DEDUCTIBLE HMO OPTION--STANDARD PPP DEDUCTIBLE**

MONTHLY LOCAL EMPLOYEE GROUP HEALTH INSURANCE RATES FOR 2006	NON-MEDICARE RATES RATES APPLY ONLY IF NO FAMILY MEMBERS ARE ELIGIBLE FOR MEDICARE		MEDICARE RATES RATES APPLY IF AT LEAST ONE INSURED FAMILY MEMBER IS ELIGIBLE FOR MEDICARE		
	SINGLE/NON- MEDICARE	FAMILY/NON- MEDICARE	SINGLE MEDICARE	FAMILY MEDICARE - 2*	FAMILY MEDICARE - 1*
STANDARD PLAN: DANE--PPP ¹	783.90	1956.60	311.10	619.90	1095.00
STANDARD PLAN: MILWAUKEE--PPP ²	910.40	2272.90	311.10	619.90	1221.50
STANDARD PLAN: WAUKESHA--PPP ³	843.80	2106.40	311.10	619.90	1154.90
STANDARD PLAN: BALANCE OF STATE--PPP ⁴	843.80	2106.40	311.10	619.90	1154.90
STATE MAINTENANCE PLAN	609.10	1519.30	NA	NA	NA
COMPCAREBLUE AURORA FAMILY	509.30	1269.80	393.60	784.90	900.60
COMPCAREBLUE NORTHWEST	634.70	1583.30	458.60	914.90	1091.00
COMPCAREBLUE SOUTHEAST	546.90	1363.80	412.30	822.30	956.90
DEAN HEALTH PLAN	350.70	873.30	281.00	559.70	629.40
GHC-EAU CLAIRE	536.60	1338.10	407.20	812.10	941.50
GHC-SOUTH CENTRAL	368.60	918.10	295.30	588.30	661.60
GUNDERSEN LUTHERAN	491.10	1224.30	289.80	577.30	778.60
HEALTH TRADITION	472.80	1178.60	375.30	748.30	845.80
HUMANA-EASTERN	545.40	1360.10	411.70	821.10	954.80
HUMANA-WESTERN	585.20	1459.60	431.60	860.90	1014.50
MEDICAL ASSOCIATES HMO	385.70	960.80	287.50	572.70	670.90
MERCYCARE HEALTH PLAN	365.10	909.30	292.50	582.70	655.30
NETWORK HEALTH PLAN	383.50	955.30	307.20	612.20	688.40
PHYSICIANS PLUS--MERITER & UW	346.70	863.30	277.80	553.30	622.20
UNITEDHEALTHCARE NE	408.60	1018.10	327.30	652.30	733.60
UNITEDHEALTHCARE SE	483.00	1204.10	380.40	758.50	861.10
UNITY-COMMUNITY	323.90	806.30	259.50	516.80	581.10
UNITY-UW HEALTH	358.20	892.10	287.00	571.70	642.90
WPS PATIENT CHOICE 1	493.30	1229.80	385.60	768.90	876.60
WPS PATIENT CHOICE 2	535.10	1334.30	406.50	810.70	939.30
WPS PREVEA HEALTH PLAN	453.20	1129.60	363.00	723.70	813.90

Standard Plan rates are determined by the employer county or the retiree county of residence.

STANDARD PLAN AREA INCLUDES THE
FOLLOWING:

- ¹DANE: Dane, Grant, Jefferson, LaCrosse, Polk, St. Croix
²MILWAUKEE: Milwaukee county & retirees and continuants living out of state
³WAUKESHA: Kenosha, Ozaukee, Racine, Washington, Waukesha
⁴BALANCE OF STATE: All other Wisconsin counties

N/A = "not applicable". Medicare eligible participants automatically receive Standard Plan benefits.

*Medicare Family 1=One family member enrolled in Medicare Parts A, B, & D;

Medicare Family 2=Two or more family members enrolled in Medicare Parts A, B, & D.

Medicare premium rates apply only to subscribers who have terminated employment.

FREQUENTLY ASKED QUESTIONS AND THEIR ANSWERS

Deductible HMO

How is the Deductible HMO option different from Uniform Benefits, the Traditional HMO option?

Under the Deductible HMO option, you have an upfront deductible per calendar year of \$500 per individual, \$1,000 per family for medical services. That is, you pay the first \$500 in services per individual or \$1,000 per family. Once the deductible is met, you receive benefits as described in Uniform Benefits, for example, copayment on emergency room visits, coinsurance on durable medical equipment (DME), etc.

Are there any services that do not apply to the upfront deductible?

The deductible applies to all medical services. However, pharmacy claims do not apply, and continue to be subject to existing prescription drug copays.

How will I know when my deductible is met?

Until you meet your deductible, your HMO will send you an Explanation of Benefits (EOB) each time it processes a claim. The EOB will identify information about the claim, including the provider name, the amount billed, and the amount applying to your deductible, which you are responsible for paying the provider. Typically, you would pay your provider after you receive the EOB from your health plan. The EOB will allow you to track when your deductible is met.

Deductible Standard Preferred Provider Plan (PPP)

What is this change to a PPP all about?

The redesign of the Wisconsin Public Employer's Classic Standard Plan into a preferred provider plan (PPP) with a network will be effective on the date selected by your employer, on or after January 1, 2005. This PPP network offers participants the choice to see any provider, but there are differences in reimbursements depending on whether you go to an in-network or an out-of-network provider. If you receive services from an in-network provider you will have lower out-of-pocket costs. If you choose an out-of-network provider, you contribute more toward your health care costs by incurring additional deductible costs and coinsurance.

This arrangement can be attractive to members who for the most part are comfortable with the plan's providers, but occasionally feel the need to utilize a particular specialist or desire coverage for routine care while traveling. In addition, members who have students away at college may choose the plan to offer comprehensive coverage to all family members, regardless of where they live. The provider network is nation-wide, so covered members who receive care out-of-state will have improved access to providers.

Note that the Deductible Standard PPP uses elements of the Classic Standard Plan, and is separate from Uniform Benefits offered by the HMO's. All eligible employees and annuitants have the option to enroll in this new plan.

How do I know which providers are In-network providers?

You can get this information from WPS Health Insurance (WPS) over the Internet at www.wpsic.com/state. See the plan description page for more information. Or you can call WPS at (800) 634-6448 for information or to request a printed provider directory.

How is the Deductible Standard PPP with a preferred provider network different from the Classic Standard Plan?

Under the Deductible Standard PPP, when you receive services from providers, you will need to meet up-front deductible and coinsurance amounts. You will not have to pay the old major medical deductible and co-insurance. If you use in-network providers, you will have lower deductible and coinsurance costs.

Please keep in mind that in- and out-of-network deductibles and coinsurance out-of-pocket *amounts accumulate separately*. Your in-network costs do not apply to the out-of-network deductible and coinsurance, and vice versa. Therefore, if you use both in- and out-of-network providers, you will pay more for your care.

A few other benefits have been adjusted to keep the overall benefit level comparable to the Deductible HMO plan. The lifetime maximum benefit will increase to an overall \$2,000,000 from \$250,000 major medical only.

A hospital pre-certification program is newly included. This program requires at least 48 hours prior notice of non-emergency hospital admissions, or notice within 48 hours after an emergency admission. If you do not notify WPS, their payment for your claim will be reduced by \$100. You will be responsible to pay that amount in addition to your deductible. This program does not apply if Medicare pays for your claims first, for example, if you are an annuitant over 65 years old.

Refer to the plan description page for more details. After the effective date your employer has chosen, the Classic Standard Plan will no longer be available to you.

How does the application of the preferred provider network into the Standard Plan save money and improve services?

When using a preferred provider network, claim charges are discounted by in-network providers to a greater extent than those of out-of-network providers. As members utilize in-network services, the plan saves money and future increases would reflect the savings.

The Classic Standard Plan was implemented in the 1970s. Health insurance has changed dramatically since that time, and the Classic Standard Plan had become one of the few of its type remaining in the marketplace. With this change in applying a preferred provider network, we hope our plan will become easier to understand and use, for members and providers, as it becomes more similar to other plans in the marketplace. Also, this change helps to keep the cost of administration down.

Why is the Standard Plan with the Preferred Provider Network being implemented now?

Over the past few years the Group Insurance Board has been studying alternatives for our plans. One of the goals was to make the plan more cost-effective and affordable. Your employer is also concerned about this, and has selected this option to meet these goals.

Deductible State Maintenance Plan (SMP)

~~How are the Deductible SMP benefits different from the old SMP?~~

~~Like the Classic Standard Plan, SMP was a program with major medical deductible and coinsurance amounts based on a benefit design from the 1970's. Under the Deductible SMP option, you'll have an upfront deductible per calendar year of \$500 per individual, \$1,000 per family for medical services. Once met, care is covered at 100% except for certain behavioral health or drug and alcohol services. In addition, the lifetime maximum benefit will increase to an overall \$2,000,000 from \$250,000 major medical only. This change should make the plan easier to understand, and less expensive to administer.~~

A hospital pre-certification program is newly included. This program requires at least 48 hours prior notice of non-emergency hospital admissions, or notice within 48 hours after an emergency admission. If you do not notify WPS, their payment for your claim will be reduced by \$100. You will be responsible to pay that amount in addition to your deductible. This program does not apply if Medicare pays for your claims first, for example, if you are an annuitant over 65 years old.

Has SMP's Network or Eligibility Requirements changed with this redesign to the Deductible SMP?

No. The Deductible SMP's network is identical to SMP's.

Deductible Standard Preferred Provider Plan (PPP)

Administered by WPS Health Insurance



1717 West Broadway, PO Box 8190
Madison, WI 53708-8190
1-800-634-6448
www.wpsic.com/state

What we are

The Deductible Standard Preferred Provider Plan (PPP) is a comprehensive health plan that provides you with freedom of choice among hospitals and physicians in Wisconsin and across the nation. It is administered by WPS Health Insurance – one of the largest health benefits providers in the state, and after nearly 60 years, remains Wisconsin's only not-for-profit insurer. With offices in Madison, Milwaukee, Wausau, Appleton, and Eau Claire, and over 5,700 employees, we're deeply committed to this state and its citizens.

Deductible Standard Preferred Provider Plan (PPP)

With the Deductible Standard Preferred Provider Plan (PPP), the amount paid for covered benefits varies depending upon the provider selected. A higher level of benefits is available by using a WPS preferred provider.

Covered Services

- Hospital Services (Utilization Management requires prior notice of non-emergency admissions, or within 48 hours after an emergency admission or a penalty will be assessed.)
- Physical, speech, and occupational therapy when necessitated by illness
- Maternity Care
- X-ray and laboratory services
- Office Visits
- Surgery
- Extended Care Facility (except custodial)
- Routine physical exams (See Exclusions)

Prior Authorizations

To ensure that services are covered, WPS recommends that members or treating providers request prior authorization for the following types of services:

- New medical or biomedical technology
- New surgical methods or techniques
- Organ transplants
- Methods of treatment by diet or exercise
- Acupuncture or similar methods

Without an approved prior authorization, WPS may deny payment. Additional information may be submitted for further review of the denial.

Exclusions and Limitations

- Physical exams requested by third parties (i.e. school, insurance, etc.)
- Services or supplies for custodial care or rest cures as defined by the contract
- Services, supplies or equipment that are not medically necessary, or that are experimental/investigational
- Eyeglasses, contact lenses or hearing aids or examinations for their prescription or fitting
- In vitro fertilization or artificial insemination
- Dental services except as specifically provided
- Organ transplants except as specifically provided
- Cosmetic surgery
- Reversals of sterilization
- Care covered by worker's compensation

OnLine Services

We are able to answer questions about claims or benefits with our secure messaging via the web. The WPS State of Wisconsin web pages (www.wpsic.com/state) provide access to your plan benefits, member materials, and our "Find a Doctor" provider directories. Once enrolled in the plan, you can register online to gain access to comprehensive plan and health care information as well as timesaving account management tools.

This is intended as a general outline of benefits. It is not intended to be a complete description of coverage/exclusions and does not serve as a legal document. For a complete listing of benefits, limitations, and exclusions, please refer to the Benefit Handbook available through your personnel representative or call WPS.

Service Center/OnLine Services

<u>Appleton</u> 1500 N. Casaloma Drive, Suite 202 Appleton WI 54912-7216	<u>Wausau</u> 1800 W. Bridge Street, Suite 200 Wausau WI 54401	<u>Madison</u> 1751 W. Broadway Madison WI 53713 (800) 634-6448
<u>Milwaukee</u> 111 W. Pleasant Street, Suite 110 Milwaukee WI 53212	<u>Eau Claire</u> 2519 N. Hillcrest Parkway, Suite 200 Eau Claire WI 54702	

Deductible Standard Preferred Provider Plan (PPP)

Administered by WPS Health Insurance

Non-Medicare: *In-network* deductible is \$500 individual, not to exceed \$1,000 family, then you pay 20% until your out-of-pocket limit has been reached at \$2,000 individual, two per family, per calendar year. *Out-of-network* deductible is \$1,000 individual, not to exceed \$2,000 family, then you pay 30% until your out-of-pocket limit has been reached at \$4,000 individual, two per family, per calendar year. **Medicare:** *In-network* deductible is \$500 individual, not to exceed \$1,000 family. *Out-of-network* deductible is \$1,000 individual, not to exceed \$2,000 family. Thereafter care both in- and out-of-network is covered at 100%. **All members:** \$2,000,000 lifetime maximum.

Health Benefits	In- /Out-of- Network	Plan Pays	Limitations
Physician & Chiropractic Care	In	80%	Subject to in-network deductible.
	Out	70%	Subject to out-of-network deductible.
Hospital	In	80%	365 days semi-private room. Subject to in-network deductible. Pre-admission certification required.
	Out	70%	365 days semi-private room. Subject to out-of-network deductible. Pre-admission certification required.
Lab and X-rays	In & Out	80%	Subject to in-network deductible.
Behavioral Health (Combined w/Alcohol & Drug Abuse)	In & Out		<i>In 2006, annual dollar maximums for Behavioral Health services are suspended.</i>
		100%	INPATIENT—Of the first \$7,000 per calendar year or 120 days, whichever is less.
		90%	OUTPATIENT—of the first \$2,000 per calendar year.
		90%	TRANSITIONAL—of the first \$3,000 per calendar year.
Alcohol & Drug Abuse (Combined w/Behavioral Health)	In & Out		<i>Annual combined benefit is \$7,000</i>
		100%	INPATIENT—Of the first \$7,000 per calendar year, or 30 days whichever is less.
		90%	OUTPATIENT—of the first \$2,000 per calendar year.
		90%	TRANSITIONAL—of first \$3,000 per calendar years.
Emergency Room	In & Out	80%	Subject to in-network deductible.
Extended Care Facility	In	80%	730 days per admission less hospital days used. Deductible. Excludes custodial care per the contract.
	Out	70%	730 days per admission less hospital days used. Deductible. Excludes custodial care per the contract.
Vision Care	In	80%	For illness/disease. Subject to deductible.
	Out	70%	For illness/disease. Subject to deductible.
Prescribed Medical Services/Supplies	In	80%	Subject to deductible.
	Out	70%	Subject to deductible.
Transplants	In	80%	Kidney, cornea, bone marrow, parathyroid, musculoskeletal. Subject to deductible and coinsurance. Excludes all services related to non-covered transplants.
	Out	70%	Deductible; transplants listed above.
Ambulance	In & Out	80%	Subject to in-network deductible.
Hearing Aids		0%	Not a covered benefit.
Prescription Drugs			Separate PBM administration through Navitus. Annual out-of-pocket maximums do not apply

The Deductible Standard Preferred Provider Plan (PPP) pays the percent of charge(s) shown above. Charge(s) means usual, customary, and reasonable (UCR) demands for payment for services or other items for which benefits are available, as determined by WPS Health Insurance. In some cases, the amount WPS determines as reasonable may be less than the amount billed by your provider. Some providers are not contractually obligated to write off the balance and, as a result, may choose to balance bill the subscriber. Should such a situation arise, 'hold harmless' protections apply. WPS will protect the subscriber against collection agencies and collection attempts in a court-of-law. For more information on "hold harmless" please call a Member Services representative at the number above or visit our web site. If such a charge dispute arises, contact WPS.

Deductible State Maintenance Plan (SMP)

Administered by WPS Health Insurance



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Madison, WI 53708

1-800-634-6448

www.wpsic.com/state

What we are

The Deductible SMP program provides maximum health care coverage over a broad range of benefits in a managed care environment. Deductible SMP is administered by WPS Health Insurance – one of the largest health benefits providers in the state, and after nearly 60 years, remains Wisconsin's only not-for-profit insurer offering health plans statewide to the public and private sectors. With offices in Madison, Milwaukee, Wausau, Appleton, and Eau Claire, and over 5,700 employees, we're deeply committed to this state and its citizens.

Referral Requirements

A formal WPS approved referral is required from your participating provider when:

1. seeking care outside the WPS-SMP network
2. seeking behavior health services from an out-of-network behavior health provider. For behavioral health services, WPS will request a treatment plan after 8 combined outpatient visits and monitor for medical necessity.

Retroactive referrals are not allowed. A referral is the written form from a participating physician requesting any out-of-network services, including behavior health. You should not make an appointment until the request for referral has been reviewed and approved by WPS. Notification of the decision will be sent to you and your requesting participating physician. All referrals are limited to a 3 month period or less. Extensions should be submitted and approved prior to additional appointments. It is ultimately the members' responsibility to make sure the referral is submitted and approved prior to services.

Covered Services—after deductible:

- Hospital services (Utilization Management requires prior notice of non-emergency admissions, or within 48 hours after an emergency admission or a penalty will be assessed.)
- Extraction and/or replacement of natural teeth when necessitated by an accidental injury
- Physical, speech, and occupational therapy when necessitated by illness
- Maternity care
- Surgery
- Office Visits
- Preventative dental and vision services are available for children
- Extended care facility (except custodial care)
- X-ray and laboratory services
- Routine physical exams (See Exclusions)

Prior Authorizations

To ensure that services are covered, WPS recommends that members or treating providers request prior authorizations for the following services:

- New medical or biomedical technology
- New surgical methods or techniques
- Organ transplants
- Methods of treatment by diet or exercise
- Acupuncture or similar methods

Without an approved prior authorization, WPS may deny payment. Additional information may be submitted for further review of the denial.

Exclusions and Limitations

- Physical exams requested by third parties (i.e. school, insurance, etc.)
- Services or supplies for custodial care or rest cures as defined by the contract
- Services, supplies or equipment that are not medically necessary, or that are experimental/investigational
- Eyeglasses or contact lenses or hearing aids or examinations for their prescription or fitting
- In vitro fertilization or artificial insemination
- Weight loss programs, services or supplies
- Dental services except as specifically provided
- Care covered by worker's compensation
- Cosmetic surgery
- Organ transplants except as specifically provided
- Reversals of sterilization

OnLine Services

We are able to answer questions about claims or benefits with our secure messaging via the web. The WPS State of Wisconsin web pages (www.wpsic.com/state) provide access to your plan benefits, member materials, and our "Find a Doctor" provider directories. Once enrolled in the plan, you can register online to gain access to comprehensive plan and health care information as well as timesaving account management tools.

Deductible State Maintenance Plan (SMP)

Administered by WPS Health Insurance

Upfront Deductible: \$500 per person, per calendar year; not to exceed \$1,000 per family. After deductible, plan pays 100%. The lifetime maximum benefit is \$2,000,000.

HEALTH BENEFITS	Plan Pays	Limitations
Physician & Oral Surgery	100%	Selected primary physician or upon referral from primary physician. Subject to deductible.
Hospital	100%	365 days in semi-private room, subject to deductible and pre-certification required.
Laboratory and X-rays	100%	When requested by primary or referral physician, subject to deductible.
Behavioral Health (Combined w/Alcohol & Drug Abuse)	100%	<i>In 2006, annual dollar maximums for behavioral health services are suspended.</i> INPATIENT—120 days or \$6,300 per calendar year, whichever is less.
	90%	OUTPATIENT—Of first \$2,000 per calendar year.
	90%	TRANSITIONAL—Of first \$3,000 per calendar year.
Alcohol and Drug Abuse (Combined with Behavioral Health)	100%	<i>Annual combined maximum is \$7,000</i> INPATIENT—30 days or \$6,300 per calendar year, whichever is less.
	90%	OUTPATIENT—Of first \$2,000 per calendar year.
	90%	TRANSITIONAL—Of first \$3,000 per calendar year..
Emergency Room	100%	Non-emergency requires referral. Subject to deductible.
Extended Care Facility	100%	730 days per admission less hospital days used. Subject to deductible. Excludes custodial care as defined by the contract.
Vision Care	100%	For illness or disease only. Subject to deductible. Annual routine eye examines for children under age 18.
Prescribed Medical Services/Supplies	100%	Subject to deductible.
Transplants	100%	Kidney, cornea, bone marrow, parathyroid, musculoskeletal. Excludes all services related to non-covered transplants. Subject to deductible.
Chiropractic Care	100%	Same as physician
Ambulance	100%	Subject to deductible.
Physical, Speech & Occupational Therapy	100%	Subject to deductible.
Home Hospice Care	100%	80 visits per six months. Subject to deductible.
Hearing Aids	0%	Not a covered benefit.
Infertility Services	0%	Not a covered benefit.
Preventive Dental Care	100%	Limited to children under age 12. Subject to deductible.
Prescription Drugs		Separate PBM administration through Navitus. Annual out-of-pocket maximums do not apply.

- Except as required by law, SMP covers services only when provided by or referred by your primary clinic, except emergency care. Referrals must be pre-approved by WPS.

This is intended as a general outline of benefits. It is not intended to be a complete description of coverage/exclusions and does not serve as a legal document. For a complete listing of benefits, limitations, and exclusions, please refer to the Benefit Handbook available through your personnel representative or call us at WPS.

Service Center/OnLine Services

Appleton

1500 N. Casaloma Drive, Suite 202
Appleton WI 54912-7216

Wausau

1800 W. Bridge Street, Suite 200
Wausau WI 54401

Madison

1751 W. Broadway
Madison WI 53713
(800) 634-6448

Milwaukee

111 W. Pleasant Street, Suite 110
Milwaukee WI 53212

Eau Claire

2519 N. Hillcrest Parkway, Suite 200
Eau Claire WI 54702